

# POLICY AND COMMUNICATIONS BULLETIN

## THE CLINICAL CENTER

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Medical Administrative Series

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M94-15 (rev.)

18 July 2000

### MANUAL TRANSMITTAL SHEET

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SUBJECT: Policy and Procedure for Patient Medications  
Brought Into the Clinical Center Upon Admission

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1. Explanation of Material Transmitted: This issuance provides guidance to health care personnel in the handling of commercially available medications or NIH investigational drugs brought into the Clinical Center by patients. This policy was reviewed by the Medical Executive Committee on 18 July 2000 and approved with changes to the manner in which controlled substances are handled.
2. Material Superseded: MAS No. M94-15 (rev.), dated 20 May 1997
3. Filing Instructions: Pharmacy Section

Remove: No. M94-15 (rev.), dated 20 May 1997

Insert: No. M94-15 (rev.), dated 18 July 2000

### DISTRIBUTION

Physicians, Dentists and Other Practitioners Participating in  
Patient Care

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M94-15 (rev.)

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SUBJECT: Policy and Procedure for Patient Medications  
Brought Into the Clinical Center  
Upon Admission

### INTRODUCTION

This policy statement covers the use of commercially available medication and NIH investigational drugs brought into the Clinical Center by patients upon admission. Policies concerning foreign drugs and non-NIH investigational drugs brought into the Clinical Center are found elsewhere in the Medical Administrative Series.

### POLICY

Whenever possible, only medications supplied by the Clinical Center Pharmacy, which can be identified as to identity, strength, and purity, should be used by inpatients in the Clinical Center. Commercially available non-formulary medication brought into the Clinical Center should not be used except as outlined below. Formulary medications as referred to in this policy are those medications that are approved for use in the Clinical Center by the Pharmacy and Therapeutics Committee and listed in the Medical Information System (MIS) computer.

## PROCEDURE

### Commercially Available Formulary Medication

Commercially available formulary medication (whether from the Clinical Center Pharmacy or another source) brought into the hospital by patients should be surrendered to the patient's nurse (after review by the physician/dentist/prescriber as appropriate) and stored on the nursing unit or sent home with the patient's family. Medication should not be sent home with a family member until a determination is made that the medication is in fact stocked by the Pharmacy Department and will not be needed. Controlled substances should be sent home with the patient's family, or kept on the nursing unit according to the Nursing Department policy entitled, "Handling of Controlled Substances." The prescriber should enter a medication order for the formulary medication in MIS as is the usual procedure.

### Commercially Available Non-Formulary Medication

When possible, a therapeutically equivalent formulary medication should be used instead of a non-formulary medication brought into the Clinical Center by a patient. The pharmacist can assist the prescriber in the selection of a therapeutically equivalent formulary medication. If the non-formulary medication is to be used, the prescriber will enter the order in MIS (Type-In), with a full set of directions, including, "Nurse to administer from patient's own supply." The medication should not be left at the bedside, except as outlined by other Clinical Center policy. (See MAS policy M95-4 entitled, "Medication Self-Administration.")

When non-formulary medications are to be used in the Clinical Center, they will be sent to the Pharmacy (Inpatient Pharmacy, Clinical Pharmacy Specialist, or Drug Information Center) by Nursing for inspection. The pharmacist will visually inspect the medication for signs of deterioration, proper storage, etc. If there are identification marks on the tablet, capsule, etc., the pharmacist will make an attempt to identify the medication using the Drugdex system, Identidex, or the *Physician's Desk Reference*. An additional label (that does not obscure the original label) will be attached to the patient's own medication container stating:

NIH CC Pharmacy  
Source: (Patient's name)  
Identified: Yes x No       
Drug Brought in by Patient  
Comment                       
Pharmacist's Initials       .

If the pharmacist cannot identify the medication or doubts the integrity of the product, the prescriber will be informed by the pharmacist and the prescriber will assume responsibility for the continued use of the medication if it is needed immediately. The pharmacist will make an attempt to borrow the medication from an area hospital within 12-24 hours, if necessary. A label will be attached to the patient's own medication container stating:

NIH CC Pharmacy  
Source: (Patient's name)  
Identified: Yes      No x  
Drug Brought in by Patient  
Comment                       
Pharmacist's Initials       

The additional label does not assure that proper storage conditions have been maintained. If the drug cannot be identified using the above sources, the Pharmacy cannot assure the drug's identity. There may be instances in which the medication is identified but the pharmacist still recommends that it not be used.

If the medication can be identified using the above sources, the Pharmacy's Procurement Section will special order the drug within five working days if needed. The pharmacist will ascertain the patient's length of stay (if possible) and the amount of medication brought into the hospital, to determine the amount of medication to order and when it will be needed. After the non-formulary medication is procured by the Pharmacy Department, the medication will be dispensed according to standard procedures. The nurse will be notified by an inpatient pharmacist that a supply of the medication has been obtained and it is no longer necessary to use the patient's personal supply. The remaining supply of non-formulary medication will be handled in the manner described above, i.e., sent home with a family member or stored on the nursing unit. If the

non-formulary medication is a controlled substance, the Nursing department policy entitled, "Handling of Controlled Substances" will be followed. The patient will not be supplied the non-formulary medication on a continuing basis after discharge. A minimum amount of the non-formulary medication may be dispensed so as to allow the patient to purchase a supply.

#### NIH Investigational Medication

At the prescriber's option, NIH investigational medication brought in by a patient may be used in the Clinical Center. The prescriber must add to the directions: "Nurse to administer from patient's own supply." The medication should not be left at bedside. A pharmacist should be consulted if there is any question about the integrity of the product. No additional label is necessary.

#### Return of Patient's Own Medication

Upon discharge, with the prescriber's approval, medications will be returned to the patient if not already taken home by a family member. Any medication not returned to the patient upon discharge will be disposed of on the nursing unit. Controlled substances will be "wasted" according to the Nursing Department policy entitled, "Handling of Controlled Substances." Hazardous drugs will be returned to the pharmacy for disposal.